

Professional Speech & Language Services

ASHA Certified Speech Language Pathologists

Payment Policy: Insurance Billing

Thank you for choosing Professional Speech & Language Services for your speech-language pathology needs. This is an agreement between Professional Speech & Language Services and you for payment of services provided. By signing this agreement, you are agreeing to pay for all services provided to you/your family member.

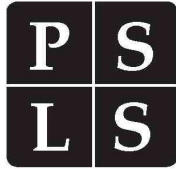
Please read the following information carefully.

If you want Professional Speech & Language Services to bill your insurance for evaluations and treatment, you need to:

- Bring your insurance card and information to the first visit.
- Let the office know if your insurance changes.
- Check with your insurance company before your first visit to find out what speech and language services they will pay for.
- Find out what information the insurance company needs and bring it with you to your first appointment.
 - You will need a prescription from your doctor.
 - Referrals and pre-authorizations do not guarantee that insurance will pay for services
- Pay all co-pays, deductibles, and non-covered services.
 - We will submit a claim to your insurance company.
 - Co-pays are due at the time of service or they can be billed at the end of the month.
 - If your insurance will not pay for services you will be responsible for paying the full amount.
- Pay any money owed within 30 days of receiving a bill from our office
- Should you need to change your billing to a private pay arrangement, please inform your clinician immediately.

If you do not have insurance:

- Payment is due at the time of service.
- You will be billed for services at the end of each month. Payment is due within 30 days of receiving our bill.
- We accept cash, checks, cashier's checks, or major credit cards.



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- We are happy to talk about other payment arrangements, if needed. Please don't wait you are not able to pay to talk with us.

Returned checks:

- You will be charged a \$25.00 fee for each returned check.
- You will be asked to bring cash in to the office to cover the amount of the returned check and the fee.

Past due accounts:

- You are expected to pay in full within 30 days of receiving our bill. If the family does not show a good faith effort to meet the financial obligation, therapy may be discontinued.

I agree to the payment polices outlined above.

Print Patient's Name _____

Date _____

Patient or Parent/Guardian Signature _____

Relationship to Patient _____

*Check your insurance contract to determine if you are able to bill the patient for these charges.